

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Lancaster	
Length of stay in lb 33 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hosp., Marshall, Mo.		d. STREET ADDRESS (If outside, give location) ---	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Oliver Hugh Simmons		4. DATE OF DEATH Month Day Year 3-9-1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-14-1907
9. AGE (last birthday) 55 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) patient		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and state or country) Schuyler Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Oliver H. Simmons		13b. MOTHER'S MAIDEN NAME Etta Leedom	
14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Records of Marshall State School & Hosp., Marshall, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I: DEATH WAS CAUSED BY: <input checked="" type="checkbox"/> IMMEDIATE CAUSE (a) <i>Maxim Pulmonary Tuberculosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Proctection of Pulmonary T.B.</i> DUE TO (c) Tuberculosis, 1954		INTERVAL BETWEEN ONSET AND DEATH <i>12 mo</i> <i>5 wks</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental retardation due to unknown cause		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>Sept 1956 to 9 Mar 63</i> and last saw him alive on <i>8 Mar 63</i> <i>11:20 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Leedom MD</i>		22b. ADDRESS <i>Marshall Mo</i>	
22c. DATE SIGNED <i>9 Mar 63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-9-1963	23c. NAME OF CEMETERY OR CREMATORY LANCASTER	
23d. LOCATION (City, town, or county) Mo			
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 3-9-63	
ADDRESS		26. REGISTRAR'S SIGNATURE <i>Cecil G. Leedom</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bess McLaughlin

Licensed Embalmer No. 5760

P. O. Address Marshall, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.